

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

16/594027

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10						
11						
12						
13	1					
14						
15	1					
16						
17						
18						
19	1					
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21						
22						
23						
24						
25	1					
26						
27	1					
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31	1					
32						
33						
34	1					
35						
36						
37						
38	1					
39						
40						
41	1					
42						
43						
44						
45	1					
46						
47						
48						
49						
50						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	35	←		←		←
TOTAL CLAIMS	45					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						